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FILED

OCT 28 2014
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BY Deputy

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 1

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

3:14CV232-NBB-SAA

Montrell Wells

Plaintiff

v.

CASE NO. 14-0826-01

T.C.C.F
Corrections Corporation of America

Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Montrell DEWayne Wells

B. Name under which sentenced:

Montrell Wells

C. Inmate identification number:

1582560

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

415 Highway 49 North
Tutwiler, Ms. 38963

E. Place of confinement:

(T.C.C.F) Tallahatchie County Correctional Facility

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

Name: _____

Title (Superintendent, Sheriff, etc.): _____

Defendant's mailing address (street or
post office box number, city, state, ZIP) _____

Name: _____

Title (Superintendent, Sheriff, etc.): _____

Defendant's mailing address (street or
post office box number, city, state, ZIP) _____

Name: _____

Title (Superintendent, Sheriff, etc.): _____

Defendant's mailing address (street or
post office box number, city, state, ZIP) _____

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No

4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s): _____

Defendant(s): _____

B. Court: _____

C. Docket No.: _____

D. Judge's Name: _____

E. Date suit filed: _____

F. Date decided: _____

G. Result (affirmed, reversed, etc.): _____

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system the **same facts and issues** you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

Grievance No.: _____

14-5B

INMATE/RESIDENT GRIEVANCE

FULL NAME:	Montrell Wells		
NUMBER:	1582560	HOUSING ASSIGNMENT:	FL-103

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	3. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

To whom this May Concern, on the Medical Staff of C.C.A. I Montrell Wells was in chest pain. I receive 200 mg Ibu profen which didn't stop the pain. I place 2 more sick call in Complanit about this problem I feel like I'm not get the right Medical Attention I'm still in pain real bad. Which I need see the doctor I'm in real pain. Hard on breath.. My pain is a 8 to 10.

Requested Action: (Attach additional pages if necessary)

Inmate/Resident's Signature: Montrell WellsDate Submitted: 10-12-14

A. Does the grievance system place a limit on the time within which a grievance must be presented? ☐ Yes ☒ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed? ☒ Yes ☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

I, Montrell Wells filed my grievance on the date of 10-12-14 I Ask official Ms. Lewis for Grievance Form. Filed my Grievance and place it in the Grievance box.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

Know response was made on grievance, Know Result or administrative review was made on this Matter At all. Haven't heard nothing from my grievance.

NOTIFICATION OF DIAGNOSTIC TEST RESULTS **NOTIFICACION DE RESULTADOS DE PRUEBAS DE DIAGNOSTICO**

FACILITY NAME (NOMBRE DE LA INSTITUTION)

TCCF

INMATE NUMBER (NUMERO DE RECLUSO)

1582560 - TCC

INMATE NAME (NOMBRE DEL RECLUSO)

WELLS, MONTRELL D

HOUSING (UNIDAD)

FL 103

DOB (FECHA DE NACIMIENTO)

04/11/1986

TYPE OF DIAGNOSTIC TEST (TIPO DE DIAGNOSTICO)

XRAY

DATE OF TEST (FECHA DE LA PRUEBA)

9/25/14

YOUR TEST RESULTS HAVE BEEN EVALUATED BY A LICENSED INDEPENDENT PRACTITIONER (LIP) (i.e. PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED REGISTERED NURSE PRACTITIONER, PSYCHIATRIST, OR DENTIST) AND THE FOLLOWING HAS BEEN DETERMINED:

UN CLINICO INDEPENDIENTE ACREDITADO (LIP, siglas en ingles) (por ejemplo, MEDICO, ASOCIADO MEDICO, ENFERMERO ACREDITADO ESPECIALIZADO, PSIQUIATRA O DENTISTA) EVALUO LOS RESULTADOS DE SUS PRUEBAS Y DETERMINO LO SIGUIENTE:

☒ Your test results are essentially within normal limits or are unchanged and no LIP follow-up is required.

Los resultados de sus pruebas estan practicamente dentro de los limites de lo normal o no se observo ningun cambio y no es necesario que se vea con un LIP.

☐ You are being scheduled for a follow-up medical appointment. You will be notified of your appointment date and time.

Le daremos una cita de seguimiento medico y se le informara de la fecha y la hora de su cita.

☐ A repeat test will be ordered. You will receive an appointment slip for this test.

Le indicaron hacerse la prueba de nuevo. Le daremos un recordatorio de la cita para esta prueba.

☐ A chronic care appointment has been scheduled for you. You will be receiving an appointment slip indicating your appointment date and time.

Tiene una cita en la clinica de enfermedades cronicas. Le daremos un recordatorio de la cita con la fecha y la hora de la cita.

Lawson, Rhonda

☐ MD ☐ DO ☐ NP ☐ PA ☐ RN ☒ LPN

09/29/2014

MEDICAL STAFF SIGNATURE (FIRMA DEL PERSONAL MEDICO)

DATE: (FECHA)

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

9. Write below, as briefly as possible, the **facts** of your case. Describe how **each** Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

My place of confinement is at Tallahatchie County Correctional Facility. On date of 9-25-14 I had a bad chest pain I place in a sick call for this Medical problem. I was place on Generic Ibuprofen 3 200mg pills which didn't stop my pain. So I place 2 more sick call complaint about the same problem that I was having. I was x-ray for this which was essentially within normal limits. I'm still having this pain which cause me sleep pain and suffer, Can't catch my breath at times cause of this chest pain that I'm not getting treated for right. Which I feel that C.C.A, Tallahatchie county Correctional Facility is responsible for my well being. I feel that Tallahatchie county Correctional Facility, not giving me the right Medical Attention. Still in pain, still not seen by a doctor My pain is a 8 to 10. I'm hard at sleeping at night Cause of this pain.

10. State **briefly** exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

I montrell wells will like to sue Tallahatchie County
Correctional Facility for Pain and Suffer for \$400,000.

This Complaint was executed at (location):

Tallahatchie County Correctional Facility
and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: 10-24-14

Montrell Wells

Plaintiff's Signature

Montrill Wells # 1582560
T.C.C.F. Cell-103 Zone FL
415 Highway 49 North
Tubular, ms. 38963

RECEIVED

OCT 28 2014

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

Pio Se Law Clerk U.S. District Court
P.O. Box 704
Aberdeen, ms. 39730

